U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

1. File Number U - 1/278

3. Name and address of person filing

ANDREW P. Bubniak

Е

Name

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2, Fiscal Year Covered From:

1 / 1 / 2004 Through: 12/31/2004

4, Name, file number, and address of labor organization.

Name IBEW Local Union 1968

Labor Organization File Number 047-333		
P.O. Box, Building and Rccm Number, if any Street 1850 Riverfront Center		
State New York ZIPCode+4 12010		
ss Manager		
use or minor child directly or indirectly had any of the following interests usions set forth in the instructions): derived income or other economic benefit of ion represents or is actively seeking to represent.		
7.a. Nature of Interest, Transaction, or Income.		
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7.a. Nature of Interest, Transaction, or Income.		

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

ZIP Code + 4

undersigned's knowledge and belief, tige, correct, and complete. (See the section on penalties in the instructions.)

City

State

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name IBEW Eastern States Health & Pension Funds a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg. Room No., if any c. Employer Street 197 New Castle Road City Butler ZIP Code +4 16001 State Pennsylvania 11,a. Nature of such dealing, 10. If 9.b. or 9.c. is checked give trust or employer's name. Health Insurance & Pensions for GSTEK Name Union members Employed by Local Union 1968 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1100 Madison Plaza Suite A 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. Chesapeake Reimbursment of expences to attend ZIP Code + 4 State VA 23320 Trust Fund meetings SEE ATTACHED \$281.09 12,b. Amount,

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).			14.a. Nature of payment,		
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City		- **			
State	ZIP Code + 4	·			
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.		

Attachment for Part B Section 10

P&B Sign Inc. T/A Froling Sign Co. 419 East Route 59 Nanuet, New York 10954

Highway Displays Inc. 404 Maple Ave. Poughkeepsie, New York 12601

Richter Metalcraft Inc. P.O. Box 297 Wallkill, New York 12589

Signs By Ionni Inc 14 Dalland Road Succasunna, New Jersey 07876

Town of Rochester P.O. Box 65 Accord, New York 12404

Town of Wawarsing P.O. Box 671 Ellenville, New York 12428

Village of Nyack 9 North Broadway Nyack, New York 10960

Ward Products LLC. P.O. Box 579 Amsterdam, New Yor's 12010